



MAA Medical Assistance
Administration

DIVISION OF MEDICAL MANAGEMENT
PRIOR AUTHORIZATION UNIT
1-800-848-2842
FAX: 360-725-2122

REQUEST FOR ADDITIONAL MG'S OF SYNAGIS DUE TO CLIENT WEIGHT INCREASE OR CHILD TURNING ONE YEAR OLD DURING RSV SEASON

PROVIDER NAME		NABP NAME		PROVIDER MEDICAID NUMBER (7 DIGITS)	
PROVIDER TELEPHONE NUMBER		PROVIDER FAX NUMBER		PROVIDER CONTACT NAME	
CHILD'S NAME		PIC NUMBER		CHILD'S DATE OF BIRTH	
PRIOR AUTHORIZATION NUMBER		DATE OF INJECTION		SYNAGIS DOSE NEED (mg) CURRENT WEIGHT	
				Lbs/oz Kg	
COMMENTS					
TO BE COMPLETED BY DSHS					
AUTHORIZATION APPROVAL NUMBERS		DECEMBER	JANUARY	FEBRUARY	MARCH
50mg					
100mg					

DSHS 13-770 (11/2005)